

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner ☐ IV-D Non Public Assistance
☐ IV-D Non PA Medicaid
☐ Full Services
Respondent ☐ Medical Services Only
☐ IV-D Public Assistance
☐ IV-E Foster Care (IV-D Case)
☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____

I. Action. The Responding Jurisdiction Should Provide All Appropriate Services Including:

- | | |
|--|--|
| 1. <input type="checkbox"/> Establishment of Paternity | 6. <input type="checkbox"/> Registration of Foreign Support Order: |
| 2. <input type="checkbox"/> Establishment of Order for: | A. <input type="checkbox"/> For Enforcement Only C. <input type="checkbox"/> For Modification |
| A. <input type="checkbox"/> Child Support D. <input type="checkbox"/> Medical Coverage | B. <input type="checkbox"/> For Modification and Enforcement |
| B. <input type="checkbox"/> Spousal Support E. <input type="checkbox"/> Other Costs (Use Sec. VII) | Requested by: <input type="checkbox"/> Obligor <input type="checkbox"/> Oblige <input type="checkbox"/> State Agency |
| C. <input type="checkbox"/> Support for a Prior Period | (Requires Sworn Statement of Arrears) |
| 3. <input type="checkbox"/> Enforcement of Responding Tribunal Order | 7. <input type="checkbox"/> Collection of Arrears |
| 4. <input type="checkbox"/> Modification of Responding Tribunal Order | 8. <input type="checkbox"/> Income Withholding |
| 5. <input type="checkbox"/> Change of Payee/Redirection of Payment | 9. <input type="checkbox"/> Administrative Review for Federal Tax Offset |
| Please Return the Acknowledgment Attached (3 of 3) | 10. <input type="checkbox"/> Other _____ |

II. Case Summary (Background of this Matter: Court/Administrative Actions)

Date of Support Order _____ State & County Issuing Order _____ Tribunal Case No. _____

Support Amount/Frequency \$ _____	Date of Last Payment _____	Amount of Arrears \$ _____	Period of Computation _____ thru _____ Date Date
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☐ Presumed Controlling Order ☐ Determined Controlling Order

Date of Support Order _____ State & County Issuing Order _____ Tribunal Case No. _____

Support Amount/Frequency \$ _____	Date of Last Payment _____	Amount of Arrears \$ _____	Period of Computation _____ thru _____ Date Date
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☐ Presumed Controlling Order ☐ Determined Controlling Order

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Support Amount/Frequency \$ _____	Date of Last Payment _____	Amount of Arrears \$ _____	Period of Computation _____ thru _____ Date Date
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☐ Presumed Controlling Order ☐ Determined Controlling Order

III. Mother Information☐ Obligor ☐ ObligeeFull Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ()

☐ Address Confirmed _____
Date☐ Employer Confirmed _____
Date

Work Phone ()

Date/Place of Birth

Date

Place

Social Security No. _____

IV. Father Information☐ Obligor ☐ ObligeeFull Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ()

☐ Address Confirmed _____
Date☐ Employer Confirmed _____
Date

Work Phone ()

Date/Place of Birth

Date

Place

Social Security No. _____

V. Caretaker (If Not a Parent)

Relationship to Child(ren) _____

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ()

☐ Address Confirmed _____
Date☐ Employer Confirmed _____
Date

Work Phone ()

Date/Place of Birth

Date

Place

Sex

M/F

Social Security No. _____

VI. Dependent Children Information

Full Name (First, Middle, Last)

Date of Birth

Sex

Social Security No.

State of Residence
for last 6 months**VII. Additional Case Information**☐ Nondisclosure Finding Attached**VIII. Attachments (Supporting Documentation)**☐ Arrears Statement/Payment History☐ Support Order(s)☐ Uniform Support Petition (3 Copies)☐ Divorce Decree☐ General Testimony/Affidavit☐ Assignment of Rights☐ Affidavit in Support of Establishing Paternity☐ Description of Real/Personal Property☐ Acknowledgment of Parentage☐ Photograph of Respondent☐ Other Documents Relating to Paternity☐ Other Attachments

Date

Initiating Contact Person (Print or Type)

() _____
Telephone Number & Extension() _____
Fax Number

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner

☐ IV-D Non Public Assistance☐ IV-D Non PA Medicaid☐ Full Services

Respondent

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Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____**ACKNOWLEDGMENTS**

Return This Form to Initiating State

☐ Request Received and No Additional Information is Necessary☐ Additional Information Needed☐ Arrears Statement/Payment History☐ Support Order(s)☐ Uniform Support Petition☐ Divorce Decree☐ General Testimony/Affidavit☐ Assignment of Rights☐ Affidavit in Support of Establishing Paternity☐ Description of Real/Personal Property☐ Acknowledgment of Parentage☐ Photograph of Respondent☐ Other Documents Relating to Paternity☐ Other (See Remarks)☐ Remarks/Response☐ Your Case has been Forwarded for Action to:_____
Name of Worker_____
Agency Name_____
Address, FIPS Code_____
Phone & Extension_____
Fax_____
Date_____
Person Completing Form (Print or Type)(_____)_____
Telephone Number & Extension(_____)_____
Fax Number